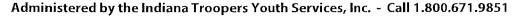


2012 INDIANA STATE POLICE CAMP LIABILITY FORM





Camper		JC. 1 O1111 11113 MO.	or pe comple	eted PLEA	ASE READ TH	112 2FC	LION I HOR	OUGHL	. T :::
	s Name				Date of	Birth			
Address		***************************************			Address 2				2221
City		Sta	ate	Zip Code	43714 77774				
Parents E-m	nail		Primary Phone #(w/ area code)			Cell Phone #	· main dice than the entered v	a a ta ann an Aireann
Dear Pa	arent or Guardian	•							
	"EMERGENCY Treat (Please check the fo	Ilowing box for your ission for emergency ny cost as a result of rns the use of your ch	as recommende r consent) y treatment or s sickness or injui nild's likeness in consent)	d by the atter urgery if nee 'Y. camp promo	nding physicia ded and as a F	n: Parent(s)/Guardian I	assume 	
	The following concer the Indiana State Pol				te in an offsite	field tri	p or special ev	/ent - coi	nducted by
	Please check the fol /We, as Parent(s)/Gi the State Police, an a Camp University pre	uardian give my per agency of the State c	mission for my o						
Youth Ser administr property r W	/We, as Parent(s)/Gu vices, Inc., its agent rators, or assigns mo real or personal, cau Ve, the Parent/Guar voluntarily and with	s and employees from the control of the control of the control of the control of the Camp	m all actions, do above named ag ut of, the above er, the undersi	amages, clair gencies for ar described ac gned, have r	ms or demand II personal inju tivities or par ead this relea	ls which uries ku ticipati se and	h I/We, my hei nown or unkn ion. I understand i	irs, execu own and	itors, linjuries to
Parent	/Guardian Signature						Current Date		
	ure of Witness				South St. Committee of		Current Date		
Signati		L							

Please Print a "Signed" copy of this form and mail to the address below or bring to Camp on the Day of Camp Registration, for purposes of Valid and Witnessed Signatures.

This Liability Form must be on file for your child to enter and remain in camp!

Indiana Troopers Youth Services c/o Karen Shelton PO Box 687 Angola, IN 46703 Print Form

Reset Form